

charges against patients), and (3) possible gains to the community (numbers of admissions, the proportions of admissions which were voluntary, readmission, turnover, and discharges in selected years between 1945 and 1959). The statistics strongly support the case for continuing open-door administration in a 400-bed mental hospital situated in and drawing its patients from an area of small towns and rural districts.

HEART SOUNDS AND MURMURS IN 400 NORMAL SUBJECTS—H. N. Segall. *Canad. Med. Assn. J.* 87:377 (Aug. 25) 1962.

To define the range and the modal pattern of normal heart sounds and murmurs as heard at six "areas of auscultation," data collected on 400 subjects are analyzed. The method of writing quantitative symbols to describe what is heard while listening provides precise records. From data on 100 young men, (aviation pilots) a modal pattern was derived which serves as a standard normal pattern on a heart-sound chart used in writing quantitative symbols for heart sounds and murmurs. Data of the 100 pilots are compared with those of 300 selected "normal" patients and of 4,889 persons in a mixed population of patients. The graphic patterns of heart sounds and murmurs described by quantitative symbols demonstrated the details of normal range and modal pattern.

SIGNIFICANCE OF SKIN AND SEROLOGIC TESTS IN DIAGNOSIS OF PULMONARY RESIDUALS OF HISTOPLASMOSIS—J. H. Richert and C. C. Campbell, *Amer. Rev. Resp. Dis.*, 86:381 (Sept.) 1962.

In a review of 123 cases of pulmonary histoplasmosis proved pathologically or culturally, it was found that 97 per cent of 117 patients who received histoplasmin skin

tests reacted positively. Only 48 per cent of the 73 patients who were tested serologically reacted positively, and most of the positives had low titers. The histoplasmin skin test is valuable in excluding histoplasmosis but the serologic tests have little diagnostic significance in the inactive stage of the disease.

TRANSMISSION OF RETINOBLASTOMA—R. C. Drews. *Arch. Ophthalm.* 68:329 (Sept.) 1962.

Of 13 siblings studied, three died of retinoblastoma. The 10 who were unaffected had 16 children, and of these three had retinoblastoma.

BENIGN AND MALIGNANT ONCOCYTOMA—H. Hamperl. *Cancer*, 15:1019 (Sept.-Oct.) 1962.

The occurrence of oncocytes in normal organs is due to a special degenerative metaplasia that does not prevent the cells from dividing. Oncocytes may appear in neoplasms as single cells, or they may form a more or less substantial part of the tumor, or the tumor may be composed entirely of the oncocytes. It is only in this latter instance that such tumors should be called oncocytomas (benign or malignant). Examples of such tumors from various organs are given.

DIRECT RETROGRADE FEMORAL AORTOGRAPHY—J. A. Waldhausen and E. C. Klatte. *New Eng. J. Med.*, 267:490 (Sept. 6) 1962.

A technique of abdominal aortography that is an extension of simple femoral arteriography is described. It clearly outlines disease of the abdominal aorta and some of its branches, including the renal and iliac vessels. Demonstration of the iliofemoral tree of the opposite pulseless extremity may be easily performed. This method has proved to be safe and reliable on approximately 100 patients.

Inadequate cerebral blood flow—often due to cerebral arteriosclerosis—may result in the "senility syndrome" with its pattern of mental confusion, memory lapses, depression, fatigue, apathy and behavior problems.¹⁻³

43% increase in cerebral blood flow with Arlidin⁴

In patients with cerebrovascular insufficiency, Eisenberg⁴ measured a 43 per cent increase in blood flow in the brain following administration of Arlidin orally for more than two weeks beginning with a dosage of 12 mg. t.i.d. and increasing to 18 mg. t.i.d. There was a decrease in cerebral vascular resistance in most instances.

Winsor and associates³ found Arlidin "of particular value clinically in relieving some of the symptoms of cerebral vascular insufficiency (vertigo, light-headedness, mental confusion, diplopia)."

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References: 1. Madow, L.; *Penn. M. J.* 62:861, June 1959. 2. Stieglitz, E. J.; *Geriatric Medicine*, ed. 2, Philadelphia, Saunders, 1949 p. 274. 3. Winsor, T., et al.; *Amer. J. Med. Sciences* 239:594, May 1960. 4. Eisenberg, S.; *Ibid*, July 1960.

NOTE—before prescribing ARLIDIN the physician should be thoroughly familiar with general directions for its use, indications, dosage, possible side effects and contraindications, etc. Write for complete detailed literature.

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